For help completing Form 1, please double-click the

icon next to each line number.

## STATEMENT OF

FORM 1		ORGANIZ	ATION	FEC MAIL	
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
SedgwickL	aw, P	AC	<u> </u>	<del></del>	
Liilii	1 1 1 1			1. [ ] [ ] [ ]	· · · · · · · · · · · · · · · · · · ·
ADDRESS (number a	nd street)	2301 McGee,	Suite 500		
(Check if at is changed)		Kansas City		MO,	64106
·			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRE	SS (Please provide only one e	e-mail address)		
(Check if is change	address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
COMMITTEE'S WEB	PAGE AD	P. D. C. (1) (1)	in a marka di Talia di Salaha. Pendirikan di Salaha	r e tem 1900 (r. 1900). 1809 (return e na 19	. Standard and a second
(Check if is change					
2. DATE 1	)	ງີ່ <mark>2014</mark> ້		ere.	
3. FEC IDENTIFIC	CATION N	имвен С	week book with some of	•	
4. IS THIS STATE	MENT 🔀	NEW (N) OR	AMENDED (A	)	
I certify that I have	examined to	his Statement and to the bes	et of my knowledge and beli	ef it Is true, correct	and complete.
Type or Print Name	of Treasure	James Keale	)		
Signature of Treasure	er J	- 44		Date I 🌣	27 2014
NOTE: Submission of		eoüs, or incomplete information			the penalties of 2 U.S.C. §437g.
Office Use Only	. :		For further information Federal Election Communication Free 800-424-9530	nlssion	FEC FORM 1 (Revised 02/2009)

F	EC Fo	rm 1 (Revised 02/2009)	Page 2				
		COMMITTEE Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	,				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate							
Cand Party	idate Affillatio	on Sought: House Senate President	State District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Part	у Соп	nmittee:					
(d)			ocratic, blican, etc.) Party.				
Polit	ical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) its connected	od organization is a:				
		Corporation Corporation w/o Capital Stock Lat	or Organization				
		Membership Organization Trade Association Cod	perative				
		In addition, this committee is a Lobbylst/Registrant PAC.					
(f)	$\times$	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregal committee. (i.e., nonconnected committee)	ated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
•		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	Fund	draising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political				
(h)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	nore political				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number C	ori December de Wilestein ing Ballation (Color Book)				
	2.	FEC ID number C	en premjer ng negres g ende poblek bio objekts				
	3.	FEC ID number C	aring ang maganing and a grand Maganing ang maganing ang maganing Maganing ang maganing				
	4.						

FEC Form 1 (Revised 02/2009)	Page <b>3</b>
Write or Type Committee Name	. 435
SedgwickLaw PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundralsing Representative L	eadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in p books and records.</li> </ol>	ossession of committee
Full Name Treasurer	
Mailing Address	
	<del></del>
Title or Position CITY STATE	ZIP CODE
Telephone number	
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the rany designated agent (e.g., assistant treasurer).</li> </ol>	name and address of
Full Name James Keale James Keale	
Malling Address Three Gateway Center, 12th Floor	
	لببنينا
Newark NJ 0710	02  -
Title or Position  Partner 973 - E	320 _   _ [0015

Γ	<del></del>				
_	FEC Form	1 (Revised 02/2009)			Page 4
	Full Name of Designated				
	Agent			.1.1.1.1.	
1	Mailing Address			<del></del>	
			11111		
		CITY		STATE	ZIP CODE
	Title or Position				
١			Telephone num	ber L	
	safety deposit boxe Name of Bank, De		in which the committe	e deposits fu	nds, holds accounts, rents
	Ę	Commerce Bank,		1111	
	Mailing Address	1000 Walnut Street			
			<u> </u>	1 1 1 1	
		Kansas Çity		<sub>[</sub> M <sub>[</sub> O]	[64106 ] - [
		CITY		STATE	ZIP CODE
	Name of Bank, De	pository, etc.	<u></u>		
	,	'			
	Į				
	Mailing Address			<u> </u>	
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		CITY		STATE	ZIP CODE
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Sedgwick

\$00.489 FIRST-CLASS MAIL

neopost<sup>#</sup> 10/27/2014 **USF20STAG**E

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No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
N	ext Business Day Delivery			
Received from House Records & Registration	Date of Receipt Office			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
Est .	11/3/14			
PREPARER (8/2013)	DATE PREPARED			